

**Attachment B  
Teacher Survey**

# Teacher Survey

## **WHO IS CONDUCTING THIS SURVEY?**

The U.S. Department of Education requests your participation in this survey. RTI International is conducting this survey for the Department of Education.

## **WHAT IS THE PURPOSE OF THIS SURVEY?**

The purpose of this survey is to gather information about teachers' experiences concerning the learning environment in the classroom and school. The survey also asks about your perceptions of safety in and around the school and experiences with student misconduct. Your answers on this survey will help describe the school environment and climate. ***Please do not put your name on this survey.***

## **WHO SHOULD COMPLETE THIS SURVEY?**

This survey should be completed by teachers in grades 6 to 8.

## **TO WHOM SHOULD YOU GIVE YOUR COMPLETED SURVEY?**

The school contact will collect the completed surveys during the week of your school's student survey administration. Please put your completed survey in the accompanying envelope.

Thank you for completing this survey.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average XX minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Institute of Education Sciences, National Center for Educational Evaluation, U.S. Department of Education, 555 New Jersey Avenue, Room 500-i, Washington, D.C. 20208.

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**During the PAST 30 DAYS at the school where you work, how often did YOU FEEL UNSAFE in any of the following areas?**

	Never ▼	Almost never ▼	Sometimes ▼	Often ▼
1. The entrance into the school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Any hallways or stairs in the school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Any part of the school cafeteria .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Any school restroom .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. In any classroom .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. School parking lot, athletic fields, or other places outside school buildings.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**During the PAST 30 DAYS, how often did YOU WITNESS the following events at your school?**

	Never ▼	Almost never ▼	Sometimes ▼	Often ▼
7. A student threaten to hit, push, slap, or shove another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. A student actually hit, slap, shove, or push another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. A student threaten (but not actually injure) another student with a weapon such as a knife, gun, or club ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. A student actually injure another student with a weapon such as a knife, gun, or club.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11. A student get angry and yell at another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. A student throw something at another student to hurt him or her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. A student pick a fight with another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14. A student take, damage, or destroy on purpose something that belonged to another student.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15. A student try to force another student to do something he or she didn't want to do .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16. A student leave out another student on purpose from a group or activity .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17. A student tell lies, spread rumors, or say mean things about someone to other students .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	Never ▼	Almost never ▼	Sometimes ▼	Often ▼
18. A student call another student an insulting name or word .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19. A student make fun of another student in front of him or her just to be mean .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. A student sexually harass another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21. A student disrupt my class due to misbehavior.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**How often in the PAST SIX MONTHS have YOU been...?**

	Never ▼	Once ▼	2 to 5 times ▼	More than 5 times ▼
22. Verbally abused by a student from your school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
23. Threatened with physical harm by a student from your school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24. Physically attacked or injured by a student from your school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Think about what happened in your school during the PAST 30 DAYS, when you answer these questions.**

In the PAST 30 DAYS, how often did you SEE OR HEAR A STUDENT:	Never ▼	Almost never ▼	Sometimes ▼	Often ▼
25. Say or do something nice to another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
26. Say "thanks" or "you're welcome" to another student.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27. Say or do something that made another student feel good .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28. Invite another student to participate in a game, group conversation, or a class activity .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29. Say a compliment (praise, kind word) to another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30. Offer to help another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31. Share something with another student .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	Never ▼	Almost never ▼	Sometimes ▼	Often ▼
32. Act friendly with another student.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33. Show interest in another student's ideas or activities .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
34. Stop someone from getting in a fight .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
35. Protect someone from a "bully" .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**The following questions are intended to indicate how often you use certain techniques and resources with aggressors (students who display aggressive behaviors) and victims or targets (students who are the recipients of that aggressive behavior). Please complete every item by choosing the response that most closely reflects YOUR USE of the intervention or approach.**

	Never ▼	Almost never ▼	Sometimes ▼	Often ▼
36. Model strategies for solving conflicts .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
37. Create an "open door" policy for students who are the target of aggression .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
38. Include victimized or isolated children in group projects .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
39. Use classroom routines that reduce the opportunity for acting out behaviors.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
40. Reward small improvements toward desired behavior .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
41. Use a behavior plan that provides students choices and consequences for their choices .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
42. Provide opportunities for students to confidentially report aggressive acts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
43. Assist students victimized by aggressive peers in identifying skills and behaviors they may want to learn .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
44. Address aggressive situations in the classroom immediately.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
45. Maintain calmness when faced with an aggressive or disruptive student.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
46. Confront students who make inappropriate comments .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	Never ▼	Almost never ▼	Sometimes ▼	Often ▼
47. Consult with school administrators for support .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
48. Use self-calming techniques during the school day .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
49. Model dignity and respect at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
50. Provide positive reinforcement for prosocial behavior .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**The following is a list of statements that could describe a school. Think about your school when responding to the following statements.**

	Strongly agree ▼	Agree ▼	Disagree ▼	Strongly disagree ▼
51. The school rules for student behavior are clearly defined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
52. The school makes sure that students know the rules for student behavior .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
53. The school rules emphasize reinforcing desired behavior .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
54. The school rules emphasize consequences for undesired behavior .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
55. When a school rule is broken, it is clear to the school staff what consequences should follow .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
56. The rules are consistently enforced at my school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
57. Teachers at my school punish students the same way for breaking the same rule no matter who they are .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
58. Teachers compliment or reward students when they follow the rules.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
59. Teachers at my school reward the students the same way for following the same rule no matter who they are ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
60. Teachers or other adults at the school try to prevent or stop bullying.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
61. Teachers treat students with respect .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
62. Teachers at my school know the procedure for reporting bullying and violence .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Strongly agree    Agree    Disagree    Strongly disagree  
▼                    ▼                    ▼                    ▼

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63. My school periodically reviews school rules to determine if they need modification .....  1 .....  2 .....  3 .....  4
64. Administrators at my school are supportive of teachers in creating a safe school .....  1 .....  2 .....  3 .....  4
65. Teachers at my school receive adequate training in classroom management/discipline strategies .....  1 .....  2 .....  3 .....  4
66. Overall, my school is a positive environment for students and staff .....  1 .....  2 .....  3 .....  4

**This last set of questions asks about your background.**

67. Are you:
- a. Male
  - b. Female
68. How long have you been teaching (at this school or any other school)?
- a. less than 5 years
  - b. 5 to 10 years
  - c. 11 to 20 years
  - d. more than 20 years
69. What is the highest level of education you completed?
- a. High school graduate
  - b. Some college, no degree
  - c. Associates or 2-year degree
  - d. Bachelor's or 4-year degree
  - e. Master's degree
  - f. Doctoral degree